



# EMPLOYER TESTING PROGRAM COMMERCIAL DRIVING PERFORMANCE EVALUATION ROUTE AND DIRECTIONS

- INSTRUCTIONS:**
- Complete form(s) for each route.
  - Attach copy of street map highlighting the route.
  - All scored maneuvers must be numbered.
  - Retain in employer files after approval signatures are obtained.
  - Any revisions to the route must be approved by DMV.

| EMPLOYER                                 |                           | EMPLOYER NUMBER                        | MILEAGE  | APPROXIMATE TIME TO COMPLETE |            |
|--|---------------------------|--|----------|------------------------------|------------|
| TESTING FACILITY (COMPLETE ADDRESS)      |                           | EMPLOYER'S ADMINISTRATOR'S SIGNATURE   |          | DATE APPROVED                |            |
| <input type="checkbox"/> PRIMARY ROUTE   | DMV APPROVED ROUTE NUMBER | DMV ROUTE NUMBER CERTIFIER'S SIGNATURE |          | DATE APPROVED                |            |
| <input type="checkbox"/> ALTERNATE ROUTE |                           |  |          |                              |            |
| #  | MANEUVER                  | LOCATION                               | COMMENTS | DIRECTION POINT              | DIRECTIONS |
|  |                           |  |          |                              |            |
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